# SB 8-75-S7

## DEPARTMENT OF THE ARMY SUPPLY BULLETIN

# Army Medical Department Supply Information

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NOTICE

This Supply Bulletin is devoted entirely to
Strategic Capabilities Provided to the Warfighter

# PREFACE

This issue of the Supply Bulletin (SB), SB 8-75-S7, is dedicated entirely to the Strategic Capabilities and Materiel Directorate (SCMD) within the U.S. Army Medical Materiel Agency (USAMMA), Fort Detrick, Maryland. This edition focuses on the mission and functions of the SCMD and its capability to support the "Warfighter" during a full range of contingency operations. While all of the USAMMA's Directorates, Divisions, Branches, and Offices provide support to customers during contingency operations, the SCMD is the office that manages the medical portion of the Department of the Army (DA) Deputy Chief of Staff for Logistics' (DCSLOG) Army Prepositioned Stocks (APS) Program, formerly known as war reserves. In addition, SCMD manages The Surgeon General's (TSG's) Centralized Contingency Programs such as:

Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM),
Medical Potency and Dated (P&D) Materiel, and
Reserve Component Hospital Decrement (RCHD) programs.

SCMD is also responsible for the USAMMA Emergency Operations Center (EOC) activated during contingency operations.

The SCMD mission is to provide quality strategic planning, execution and management of Supply Class (SC) VIII (medical) materiel during a full spectrum of operations as approved by Headquarters, Department of the Army (HQDA). This medical logistics mission ensures that the proper medical materiel will be available in the proper quantities at the proper place and at the proper time to support Army initial and follow-on requirements. Full participation in the Army and the Department of Defense planning, requirements determination, materiel management, and transportation processes will accomplish our mission.

This issue of SB 8-75-S7 describes major programs the SCMD manages and illustrates how those programs support contingency operations, how customers can determine what assets are available, and explains the hand-off process for centrally-managed assets to gaining units.

Now that the wholesale system is gone, reduced resources have resulted in the development of multiple acquisition strategies that target a particular portion of our total requirement. While there are peacetime economic efficiencies in this approach, it puts significant stress on the deployment process when all of these seemingly fragmented programs have to come together to form a single cohesive effect. The need to understand all of these individual strategies, as well as how they come together for deployments, is essential to understanding medical contingency logistics.

The medical commodity is on the cutting edge of these strategies. Only now are other commodities looking at implementing some of the strategies we have pioneered. As a pioneer, the USAMMA had successes and failures during development and implementation of these strategies. We (the USAMMA) are always learning and we look to you, our customers, for input on additional ways we can support you during contingency operations. In that light, key SCMD personnel have traveled to various Major Army Command (MACOM) locations, marketing our

strategic capabilities and soliciting Commanders-In-Chief (CINC) for ways SCMD can improve or realign existing programs and if necessary, develop new programs to better support the warfighter.

Requests for clarification or updates can be made to the designated points of contact for each program as listed in this SB; personnel are available to assist you. Additionally, please feel free to contact our office with recommended changes to this SB. We want this SB to cover the topics important to the warfighter and to be a useful document in developing contingency plans and briefings.

The articles within each chapter are in the order that is intended for the purpose of the reader's understanding. A Glossary is at the end of the document for your convenience and ease of reading. This document is intended to be useful to the warfighter, so comments and recommendations are encouraged and can be directed to:

Commander
U.S. Army Medical Materiel Agency
ATTN: MCMR-MMS
1423 Sultan Drive, Suite 100
Fort Detrick MD 21702-5001
Telephone DSN 343-4428 or 301-619-4428
Telefax DSN 343-4404 or 301-619-4404

Please visit the USAMMA website (**www.usamma.army.mil**) for "e" copies of the Supply Bulletins in the SB 8-75 series; select **Publications** from the listing and choose either download or print. This website is a complete informational guide to the USAMMA, its products, and medical logistics for the Army warfighter.

# CHAPTER 1. ARMY PREPOSITIONED STOCK (APS) PROGRAM

## 1-1. APS PROGRAM BACKGROUND

a. The traditional methods of locating sustainment stocks in Theater Reserve sites under local or theater commander control is no longer consistent with supporting the dynamics of a rapidly changing world with constrained resources - nor is it in keeping with current policy objectives. The Army has become a much smaller, predominantly Continental United States (CONUS)-based force. The Army's Strategic Mobility Program, when fully implemented, will greatly expand the Army's ability to quickly move personnel and equipment to potential contingencies throughout the world. Forward presence will be achieved through minimum outside continental United States (OCONUS) stationing, with increased reliance on unit rotations and exercise deployments to provide stability in dynamic regions. To accomplish this objective, a balance of airlift, sealift, and sustainment (prepositioned equipment and supplies) is needed to provide the ability to project forces worldwide and sustain those forces during a contingency.

b. In May 1992, the Chief of Staff of the Army (CSA) directed a reduction in War Reserve (WR) and Operational Project (OP) stocks and transferred management and accountability responsibilities for this materiel to the Army Materiel Command (AMC) and OTSG, for Supply Class (SC) VIII. The USAMMA was designated by OTSG as the executive agent for SC VIII materiel and manager of the SC VIII portion of the Army War Reserve (AWR) Program. In 1998, the AWR Program was redesignated Army Prepositioned Stock (APS).

## 1-2. APS AND SC VIII APS LOCATIONS

a. The objective of the CSA APS management policy is to change the use and ownership of APS materiel from specific CINCs and theaters to a common user stockpile of equipment and supplies that can support the worldwide requirements of any warfighting CINC. These stocks now fall under the broad heading of APS materiel and are grouped into five regions. APS-1 consists of CONUS based stocks, APS-2 stocks are stored in Europe, APS-3 stocks are prepositioned aboard ships, APS-4 stocks are located in the Pacific, and APS-5 covers Southwest Asia. The APS program encompasses prepositioned Brigade/Unit Sets, Operational Projects (OP), and sustainment stocks.

b. As the SC VIII APS Program Manager, the USAMMA maintains all total item property records on in-house systems. To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses existing activities as accountable Activities to maintain and manage prepositioned assets.

APS-1 Health and Human Services
Sierra Army Depot
Anniston Army Depot

APS-2 U.S. Army Medical Materiel Center-Europe (USAMMCE)

APS-3 Various afloat ships and Army Materiel Command (AMC)
Combat Equipment Group Afloat (CEG-A), Charleston, SC

APS-4 Combat Equipment Base – North East Asia (CEB-NEA)
Sagami General Depot, Sagami, Japan
Camp Kinser, Okinawa, Japan

APS-5 Combat Equipment Base – Kuwait (CEB-KU)
Combat Equipment Group – Qatar (CEB-Q)
USAMMCE - Pirmasens, Germany
Administrative Support Unit- Southwest Asia & Bahrain (ASU-SWA)

c. The USAMMA has Memorandums of Agreement (MOAs), Interservice Support Agreements (ISSAs), and Statements of Work (SOWs) with the activities to govern APS operations at the storage sites. In addition, the USAMMA personnel make periodic visits to the activities in order to resolve issues and view APS assets.

## 1-3. SC VIII APS ASSETS

a. The USAMMA has the SC VIII materiel below prepositioned to support the warfight.

(1) Four (4) Brigade Sets (A second brigade set will be prepositioned Afloat in March 04) for a total of five (5):

One (1) for Europe stored at USAMMCE (currently being configured)
One (1) in Korea - 2x2
One (1) in Kuwait - 2x2
One (1) Afloat - 1x1

(2) Unit Sets (Hospital Capability): Afloat, Korea, Japan, and Qatar.

(3) Line Item and Set Configured Sustainment Stocks: Health and Human Services, Sierra Army Depot, Europe, Afloat, Korea, Japan, and Qatar.

(4) Operational Projects (OP): Sierra Army Depot, Anniston Army Depot, USAMMCE, Korea, Japan, Kuwait and Qatar.

b. Until AMC (Field Support Command) completes the Automated Battlebook System (ABS) for each theater, visibility of specific sets and their pack data can be provided to units by contacting their higher headquarters. The higher headquarters, in turn, will notify the Strategic Capabilities and Materiel Directorate.

## 1-4. ADDITIONAL INFORMATION

For additional information pertaining to SC VIII APS Program management, contact:

USAMMA
ATTN: MCMR-MMS-M
1423 SULTAN DR., SUITE 100
FORT DETRICK MD 21702-5001
Telephones: DSN 343-4428 or 301-619-4428

# CHAPTER 2. ARMY PREPOSITIONED STOCK-3 (APS-3) PREPOSITIONED AFLOAT PROGRAM

## 2-1. ARMY PREPOSITIONED AFLOAT IMPLEMENTATION

a. The APS-3, Army Prepositioned Afloat (APA), is a direct result of the Army Strategic Mobility Program (ASMP). The ASMP was initiated to address the conclusions of the Mobility Requirements Study (MRS). The MRS concluded that the Army can only increase its deployability through an expanded investment of sealift and airlift, prepositioning, and transportation infrastructure.

b. APA provides the combatant CINCs with deployment flexibility and increased capability to respond to a crisis or contingency with a credible force. The purpose of a PREPO Afloat operation is to project a heavy force early in the crisis capable of complementing other early arriving forces; to rapidly reinforce a lodgment established by Army early entry forces; to protect key objectives (port, airfield, etc.); and to be prepared to conduct subsequent operations across the range of military operations.

c. APA operations range from employment of one ship in support of a humanitarian assistance mission to the employment of all APA vessels required to support the CINC's campaign plan. Equipment prepositioned afloat has universal utility for multiple CINCs. It carries critical weapons systems, equipment, and supplies common to all theaters. It is a force package that is mobile and can be quickly repositioned in response to a crisis anywhere in the world.

d. APA allows the early deployment of an Army heavy brigade force to support the needs of CINCs in order to minimize the initial requirement for the strategic lift. To do this, the brigade must arrive in the theater of operations and be combat effective by C+15. In view of global operations, APA must provide the flexibility to conduct operations across the range of military operations.

## 2-2. APS-3 COMPOSITION

a. APS-3 supports the Army's Power Projection concept and is a critical part of the ASMP. As of June 2003, APS-3 consists of various ships containing medical supplies. At end state, these medical assets will consist of:

(1) Two (2) Medical Force 2000 (MF2K) configured Combat Support Hospitals (CSH) on the GIBSON and TITUS. (Ship names may change due to expiration of contracts FY03)

(2) One (1) Medical Recommended Stockage List (MRSL) Contingency Corps split on the GIBSON and TITUS. (Ship names may change due to expiration of contracts FY03)

(3) One (1) 1x1 Brigade Set on Watson.
A second 1x1 will be loaded March 04 for a two-year period. At that time it will be offloaded and be stored in Europe.

b. These sets do not contain exclusionary items such as controlled drugs, refrigerated, or P&D items. Two methods exist to provide these items:

(1) the deploying medical unit will bring them To Accompany Troops (TAT), and/or

(2) these items will be provided to the receiving medical unit by the Logistics Support Element, Medical Logistics Support Team (LSE MLST), if a push package from Charleston is required.

## 2-3. ASSET VISIBILITY AND ADDITIONAL INFORMATION

a. Asset visibility for each ship is also available via the ABS, which is produced on CD-ROM. This CD-ROM can be obtained by contacting AMC (Field Support Command) at 703-739-8542.

b. Deploying units identified to receive APS-3 medical assets are strongly encouraged to contact their higher headquarters. The higher headquarters, in turn, will contact the SCMD, DSN 343-4428 or 301-619-4428. SCMD will provide asset visibility down to NSN level for all APS-3 medical supplies and equipment and will recommend supplies and equipment the unit must bring as TAT.

c. Additionally, personnel from the SCMD Directorate can discuss operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment; call DSN 343-4408 or 301-619-4408.

# CHAPTER 3. WAR RESERVE REQUIREMENTS

## 3-1. REQUIREMENTS DETERMINATION

Perhaps the most interesting and controversial part of the APS Program is the development of requirements. Let's take a look at four of the programs and how requirements are developed for them.

1. Brigade/Unit Sets. HQDA, Deputy Chief of Staff for Operations (DCSOPS) has determined the need to preposition seven (7) APS Brigade Sets, one (1) exercise Brigade Set for Desert Spring (previously known as Intrinsic Action) unit rotations and nine (9) Unit Sets (hospitals) worth of materiel at strategic locations. This will enable units to deploy from home station with minimal equipment. Brigade/Unit Sets are documented as unmanned Table of Organization and Equipment (TO&E) units. They have a Unit Identification Code (UIC) and AMC does the Unit Status Report (USR) on these sets since the majority of the materiel within the Brigade is under AMC management. The USAMMA provides the SC VIII feeder data to AMC. The SCMD programs the requirements for Brigade Sets and Unit Sets after receiving information from HQDA regarding type of units, location of units and quantity of units. Since these are separate units, the MTO&E could be modified to specific missions but currently they are modeled after active Units.

2. Operational Projects (OP). Operational projects are authorization documents that provide the MACOM a way to identify additional materiel authorized for a specific mission. AR 710-1, *Centralized Inventory Management of the Army Supply System*, Chapter 6, goes into detail of how OPs are established, how the use of OP supports contingency operations, etc. MACOM identifies the medical materiel requirements for an OP, creates a list of items (DA Form 4145, *Operational Project List of Items*) and provides classified justification through Command channels to AMC for staffing with HQDA. After HQDA DCSLOG/DCSOPS gives approval, the APS managers at AMC and the USAMMA, fund for acquisition or cross-level existing assets against this new requirement.

3. Army War Reserve Sustainment (AWRS). HQDA tasks the USAMMA to develop an AWRS requirement based upon the Time-Phased Force Deployment Data (TFPDD). SCMD assumes that the sets, kits, and outfits (SKO) authorized to the Units represent the quantity and type of items that will be consumed while treating patients. The Resupply By Unit Type (REBUT) requirements determination model takes the TPFDD, pulls in Unit authorization data from the Logistics Integrated Database (LIDB) system, and determines the number of each set required for a given period of time. The data listing showing the quantity and type of MESs from the REBUT model is input into the USAMMA mainframe computer. The mainframe computer pulls in the unit assemblage (UA) components and multiplies the number of sets times the allowance for each component. If the component is a piece of equipment, the requirement is zero filled. (You don't want to replace equipment every 5 to 10 days.) If the component is reusable, the quantity is reduced to 10 to 20 percent of the computed requirement depending on the degree of reuse. Appendix A describes in detail the computation process for developing requirements for SC VIII APS Sustainment.

4. Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM).

a. The requirement for MNBCDM is based upon two factors:

(1) initial issues to get troops out the door, and
(2) sustainment or replacement of the MNBCDM after consumption.

b. The initial issue is a simple multiplication of the personnel strength times the authorized quantity per soldier. Sustainment is computed on the population-at-risk times the Joint Chiefs of Staff (JCS) approved rate for that theater of operation.

## 3-2. ADDITIONAL INFORMATION

a. For additional information pertaining to SC VIII APS Program management, contact the

USAMMA
ATTN: MCMR-MMS-M
1423 Sultan Dr., Suite 100
Fort Detrick, MD 21702-5001
Telephone: DSN 343-4428 or 301-619-4428

b. For additional information on operational and logistical issues for consideration during pre-deployment, deployment, and re-deployment, contact the:

USAMMA
ATTN: MCMR-MMS-P
1423 Sultan Dr., Suite 100
Fort Detrick, MD 21702-5001
Telephone: DSN 343-4408 or 301-619-4408

# CHAPTER 4. CLASS VIII CONTINGENCY MATERIEL PROGRAMS

## 4-1. INTRODUCTION

a. While the Army has established specific programs to support contingency operations, OTSG has also established centralized managed programs. These OTSG Contingency Programs support areas not covered by the DA programs. The outline below shows these two umbrella programs and their component programs.

(1) Army Prepositioned Stock:
- Brigade/Unit Sets
- Operational Projects
- War Reserve Sustainment

(2) The Surgeon General's Contingency Stock:
- Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM)
- Medical Potency & Dated Materiel (P&D)
- Reserve Component Hospital Decrement (RCHD)

b. Major differences between these two programs:

(1) Army Prepositioned Stocks:
- DCSLOG of the Army owns this materiel even though it is sitting on MACOM soil
- AMC manages the non-Class VIII, the USAMMA manages Class VIII
- HQDA (DCSLOG/DCSOPS) are the only activities authorized to approve the release of APS stock
- Once authorization is given, AMC/USAMMA will direct movement as necessary

(2) OTSG Contingency Programs:
- OTSG owns this materiel;
- Managed by the USAMMA;
- OTSG is only activity authorized to release OTSG Contingency stock;
- Release authority is HQDA (DCSOPS) in coordination with HQDA, OTSG.

c. In addition to the stocks in the contingency materiel program, troops are required to receive certain vaccines prior to deployment. The vaccine, needles and syringes, cotton swabs, etc., are a U.S. Army Medical Command (USAMEDCOM) responsibility at the individual installation and are not part of the above discussion.

## 4-2. ADDITIONAL INFORMATION

a. For additional information pertaining to the MNBCDM Program, contact:

USAMMA
ATTN: MCMR-MMS-M
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone: DSN 343-4421 or 301-619-4421

b. For additional information concerning the centrally-managed medical P&D program, contact:

USAMMA
ATTN: MCMR-MMS-P
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephones: DSN 343-4461/4422/4429 or
301-619-4461/4422/4429

c. For additional information pertaining to the RCHD program, contact:

USAMMA
ATTN: MCMR-MMS-M
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephones: DSN 343-4421/4355/4428 or
301-619-4421/4355/4428

# CHAPTER 5. THE ARMY CENTRALLY MANAGED POTENCY AND DATED (P&D) MATERIEL PROGRAM

## 5-1. INTRODUCTION

a. Funding constraints at the unit and DoD level (along with current business practices in commercial industry) prompted the CSA to approve the TSG's recommendation:

> '… that OTSG assume responsibility for the centralized funding, management, and distribution of medical P&D materiel for Force Package 1 and 2 (FP1 and 2) medical units at Echelons Above Division (EAD) deploying in the first 31 days of a conflict.'

In January 1997 OTSG, in turn, passed the mission to the USAMMA.

b. To support this DoD mission, the USAMMA developed the Centrally Managed P&D Materiel Program that utilizes a variety of actions/strategies to provide access to sources of supply. These actions/strategies include the prepositioning of supplies and contracting with the commercial sector for both ownership of, and access to, inventory. The USAMMA identified the programmed National Stock Numbers (NSNs) and total issue quantity requirements by stratifying the authorizations of each P&D NSN in every Unit Assemblage (UA) for every generic EAD FP1 and 2 type of deployable unit through day 31. The Centrally Managed P&D Materiel Program coined the terms "Unit Deployment Package" for a unit's medical P&D materiel.

(1) Unit Deployment Package (UDP) consists of the medical potency dated materiel with a shelf life code (SLC) of less than 60 months (shelf life codes of A-H, J-N, P-S, or 1-9) for EAD FP1 and 2 units that deploy within the first 31 days of a conflict. Specific pre-positioned UDPs currently covered are the Medical Force 2000 (MF2K) Combat Support Hospital (CSH), Area Support Medical Battalion (ASMB), Forward Surgical Team (FST), and the Aerial Ambulance Company (AAC).

(a) All Active Component (AC) EAD units are still responsible for non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9) and will consider these items part of the Unit Basic Load (UBL).

(b) All Reserve Component (RC) EAD units will receive non-medical UDP items with a shelf life of less than 60 months (SLC A-H, J-N, P-S, or 1-9).

c. The Centrally Managed P&D Materiel Program does not include support kits, and support kit items. Each unit is responsible for the procurement of support kit items. The USAMMA recognizes the difficulty of identifying each piece of equipment and available support kit items that support various data base authorizations. It is recommended to scrub the equipment list and identify unit-specific support kit items and consumables.

d. Original UA NSNs, which are unsupportable within the program and for which substitute NSNs are in place, can be found at the USAMMA website:

**(www.usamma.army.mil)**. Availability of a particular NSN can be verified by contacting USAMMA, ATTN: MCMR-MMS-P, Fort Detrick, MD 21702-5001; DSN is 343, commercial prefix is 301-619; extensions 4461 or 4429.

e. This program gives USAMMA the ability to "push" UDPs (minus Support Kit Items) to those initial EAD deploying medical units in FP1 and 2. UDP quantities are based on the same unit "Days of Supply" (DOS) schedule as the UBL.[1] After the 31 days of support provided by the Centrally Managed P&D Materiel Program, the USAMMA sustainment programs will support and maintain the medical requirements of deployed units.

NOTE: All medical units must develop an internal plan to procure all materiel required to support their deployment and plan the transportation (TPFDD) of this materiel.

f. While the Centrally Managed P&D Materiel Program will provide materiel to those units deploying on/before day 31, units must keep in mind that the TPFDD is a flexible and fluctuating schedule. Should an activity with an initial deployment date sooner than day 31 suddenly find itself deploying beyond day 31, that unit will fall off USAMMA's list of units scheduled to receive a UDP. Units must plan appropriately.

## 5-2. PROCUREMENT STRATEGIES

a. The USAMMA utilizes a combination of acquisition and management strategies to either gain access to industry stocks or to purchase P&D materiel outright. Purchased P&D materiel may be stored and managed by a vendor or prepositioned as a UDP. These stocks are not "flagged" to any one unit. They will be used as swing stocks for issue to selected medical activities. The following is a discussion of the current strategies encompassing the central management of P&D materiel.

b. The pre-positioning of UDPs enables USAMMA to quickly outfit early deploying units with their required P&D items. During FY97, the USAMMA built and stored 10 Combat Support Hospital (CSH) UDPs and two Area Support Medical Battalion (ASMB) UDPs at various strategic locations worldwide. Currently (FY03), the USAMMA has pre-positioned eight CSH UDPs, three ASMB UDPs, two Field Hospital UDPs, 14 FST UDPs, one Area Support Medical Company (ASMC) UDP, and four AAC UDPs. The storage activity is responsible for administering all actions associated with the Care of Supplies in Storage (COSIS). They will forecast maintenance costs and requirements and submit the information to the USAMMA for programming and budget planning. The following sites maintain one or more UDPs for the Centrally Managed P&D Program:

- Sierra Army Depot (California)
- Perry Point, (Health and Human Services) MD
- Germany
- Korea/Japan
- Kuwait

[1] The difference between a UDP and a UBL is that a UDP only focuses on P&D medical materiel, whereas the UBL is an all-encompassing list of the materiel, both medical and non-medical, necessary to support deployment.

c. In addition to pre-positioning assets, the Centrally Managed P&D Program contracts with industry for inventory ownership and guaranteed access. These contracts are established through Defense Supply Center Philadelphia (DSCP) with a variety of vendors, both distributors and manufacturers, because the program requirements include a wide variety of potency and dated items (pharmaceuticals, controlled substances, intravenous solutions, x-ray supplies, dental supplies, laboratory supplies, medical/surgical supplies and medical chemical defense items). Typically, these contracts include a rotation clause to accommodate the potential expiration of P&D items that are stored at the vendor (with either P&D program ownership or guaranteed access). Because the Centrally Managed P&D Program funds these contracts, they only support EAD FP1 and 2 units through day 31 of a conflict. The following is a list of contractual vehicles that provide readiness in the Centrally Managed P&D Program:

(1) Vendor Managed Inventory (VMI). The Vendor Managed Inventory contracts reduce the costs (purchase, storage and rotation) of purchased materiel by paying for access to a distributor's inventory. The distributor is paid a fee to rotate the materiel with commercial sales to insure the availability and freshness. Access is contingent upon the vendors' ability to rotate the stock. Therefore, the VMI contracts are not a fixed capability. The P&D Program has access to three types of stock in a VMI contract:

- Government Purchased Materiel (GPM) — The P&D Program owns the materiel, but the contractor/distributor stores and rotates it.
- Contractor Inventory Materiel (CIM) — This stock is part of the normal commercial inventory of the contractor/distributor and the P&D Program is guaranteed access.
- Contractor Furnished Materiel (CFM) — The contractor/distributor furnishes stock beyond the normal commercial inventory to increase guaranteed access to the P&D Program.

(2) There are two VMI contracts in the P&D Program: pharmaceutical and medical surgical.

(a) The VMI Pharmaceutical contract is with Bindley Western Drug Company and covers 320 P&D line items. Specifically, this contract covers pharmaceutical NSNs in the Federal Stock Class (FSC) 6505. DSCP has guaranteed its peacetime pharmaceutical sales through this contract to facilitate stock rotation. This contract does not provide any set configuration, however, negotiations are ongoing.

(b) The VMI Medical Surgical contractor is Allegiance Healthcare, which provides 70 P&D line items. These medical surgical items fall into the FSC 6510, 6515, 6530, and 6640 series. DSCP does not aid Allegiance Healthcare by pushing any peacetime sales through this contract. The contract does provide for set configuration and the P&D Program may order medical surgical items in the contract by UA or by line item.

(3) Stock Rotation Contracts. The P&D Program contracts with several different manufacturers to store and rotate P&D materiel with their commercial sales. All items in Stock Rotation contracts are purchased by the P&D Program and

managed by the manufacturer. Those items currently on stock rotation contracts are:

- Intravenous Fluids (FSC 6505)
- Controlled Substances (narcotics) (FSC 6505)

(4) Corporate Exigency Contract (CEC). The structure of a CEC is similar to a VMI contract, except that a VMI contract is an agreement with a distributor and a CEC is an agreement with a manufacturer. As in VMI, the inventory is divided into three categories (GPM, CIM and CFM); however, because the contractor is a manufacturer, there can be two subtypes of CIM:

(a) The first subtype is safety stock, i.e., stock on hand as part of normal commercial business

(b) The second subtype is commercial production base, i.e., stock that is in the production pipeline and available for normal commercial business

The Centrally Managed P&D Program maintains a CEC for sutures (FSC 6515).

(5) Industrial Base Maintenance Contract (IBMC). Certain medical items are military unique and, as a result, are not supportable in the commercial sector. An IBMC pays a contractor to provide labor, materiel production, maintenance, storage, and provision for certain surge capability. The P&D Program maintains three items of Medical, Nuclear, Biological, and Chemical Defense Materiel (MNBCDM) in an IBMC with Meridian Medical Technologies, Inc. These items are:

- Atropine Auto-injectors
- Pralidoxime Chloride Injection (2-PAM)
- Diazepam Injection

**NOTE: These items are maintained as UDP requirements and should not be confused with a separate SCMD program specifically for MNBCDM beyond Centrally Managed P&D Program EAD FP1 and 2 requirements.**

d. P&D requirements currently not sourced under a contract are procured through DSCP MILSTRIP requisitioning or on-line web based ordering via the Electronic Cataloging/Laboratory Integrated Delivery System (ECAT/LIDS) at DSCP. ECAT/LIDS provides access to dental and laboratory items and the system is expected to expand in the future. The Centrally Managed P&D Program has access to x-ray items through a DLA-funded Photo Imaging Contract (PIC) at DSCP.

## 5-3. STATUS AND IMPLEMENTATION

a. The USAMMA currently has contractual access to approximately 65 percent of the medical P&D NSNs necessary to support FP1 and 2 EAD deployments through day 31. The Army Medical Department (AMEDD) has pre-positioned a total of 32 Unit Deployment Packages in support of CSHs, ASMBs, FSTs, AACs, Field Hospitals, and an ASMC. Additionally, the contracts that the Centrally Managed P&D Program has put in place provide ready access to non-expired materiel in a cost-efficient manner. The USAMMA continually works with DSCP to find sources of supply for the remaining unsourced P&D materiel to support those same FP1 and 2 medical units.

b. The USAMMA has implemented the Centrally Managed P&D Program. The USAMMA is confident that this approach will improve readiness and minimize risk by using multiple acquisition strategies to ensure that FP1 and 2 EAD medical units are prepared to support the full spectrum of war. For the soldier in the field, this program will ensure that those initial deploying units in FP1 and 2 will deploy with, and receive initial resupply of, all P&D materiel necessary to support medical operations through day 31. Full implementation of this program remains dependent on continued funding by DA and continued successful partnering with the commercial sector.

## 5-4. ADDITIONAL INFORMATION

For additional information pertaining to the Centrally Managed P&D Program, contact:

U.S. ARMY MEDICAL MATERIEL AGENCY
ATTN: MCMR-MMS-P
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone: DSN 343-4461/4429 or 301-619-4461/4429

# CHAPTER 6. MEDICAL, NUCLEAR, BIOLOGICAL, AND CHEMICAL DEFENSE MATERIEL (MNBCDM)

## 6-1. INTRODUCTION

a. The Medical Nuclear, Biological, and Chemical Defense Materiel (MNBCDM) program enhances the Army's Medical Nuclear, Biological, and Chemical (NBC) readiness by fielding medical countermeasures used in the pretreatment and treatment to the individual soldier caused by NBC agents. These countermeasures include:

(1) Biological antibiotics.
(2) Chemical antidotes.
(3) Chemical pre-treatments.
(4) Skin protectants against chemical agents.
(5) Potency and Dated items for Medical Equipment Set, Chemical Agent Patient Treatment.
(6) Radiation medical countermeasures
(7) Other medical NBC materiel countermeasures.

b. The MNBCDM program has been divided into four different programs based on funding and management.

(1) **Deployable Force Package (DFP).** This program was started in 1994 when the Department of the Army (DA), through the Office of The Surgeon General (OTSG), directed the U.S. Army Medical Materiel Agency (USAMMA) to centrally manage the initial issue, Individual Service Member (ISM), MNBCDM required for mobilization.

(a) DFP Sets are stored in strategic locations throughout the world. The DFP materiel will support the initial stages of a contingency while allowing the industrial base adequate time to move into full production. The USAMMA tracks each item of the DFP by lot number and expiration date. This information is used to budget for and requisition replacement materiel. DFP provides the initial issue to ISMs, and consists of the items listed in Table 6-1.

(b) OTSG centrally funds the replenishment of MNBCDM for all DFPs, based on shelf-life expiration of the materiel.

(2) **Installation Support Package (ISOP).** This program started after Sept 11, 2001. Materiel was provided for Installation Support and specific items of MNBCDM were provided to select installation on a one-time basis. See Table 6-2.

(a) Three (3) Mark I Kits, 1 Diazepam (CANA), 5 days of supply (DOS) of Ciprofloxacin (Cipro), and 1 Soldier's Guide was provided to select locations to support Quick Reactionary Forces (QRF).

(b) Doxycycline (DOXY) was provided to installations as Installation Support Package (ISP) materiel.

(3) **Medical Equipment Set, Chemical Agent Patient Treatment.** The OTSG and USAMMA began centralized funding and management of the Potency and Dated (P&D) items that are part of the MES Chemical Agent Patient Treatment, LIN M23673. These items will be centrally stored at the installation the unit is assigned to. The materiel will be stored at the DMSO or the MTF on the installation.

**Unit Funded**. This program is for all other requirements (i.e., components of Medical Equipment Sets (non-MES Chem Patient Treatment), Rapid Response Teams; Chemical Accident/Incident Response Assistance (CAIRA), etc.) are unit/command funded. Since the majority of the MNBCDM items listed above are service regulated [Acquisition Advice Code (AAC) A or R], special processing procedures apply. See paragraph 6-7 for specific ordering procedures.

## 6-2. ACCOUNTABILITY FOR DFP

a. An audit trail is required for all assets.

b. The Medical Logistics Storage Activity will retain accountability in TAMMIS/DMLSS using project code "DH1" for all DFP assets.

c. At a minimum, monthly reports of all centrally managed assets will be provided by the 5$^{th}$ of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory (i.e., receipt of assets/issue of assets/change in condition code). Reports are to be sent via telefax (DSN 343-4404/ Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M, or call DSN 343-4421 or 4306; Commercial 301-619-4421 or 4306.

d. A chain of custody will be maintained from the Medical Logistics Storage Activity to the Unit to the Individual Service Member. This chain will be reversed when the unit redeploys or the mission ends.

(1) Any loss of accountability for Convulsant Antidote Nerve Agent (CANA) will require an investigation.

(2) A written document signed by the unit commander is required for any difference in quantity between what was issued and what was turned-in.

(3) Units/individuals have 15 days upon redeployment or termination of the mission to turn-in assets in to their Medical Logistics Storage Activity.

e. Turn-in of assets will be accomplished via Request for Issue and Turn-in, (DA Form 3161, or equivalent form). Separate form will be provided for each category of materiel, serviceable, unserviceable, and questionable. Assets that were issued to ISMs will be segregated from assets that were retained under unit control. A roster will be provided for all assets issued to individuals, reflecting the name, quantity, and date/time when assets were released and returned, if applicable. Assets that were issued to ISMs are considered unserviceable and will be turned-in for destruction. Assets that were maintained in central management by the units (not issued to individuals) and stored correctly will be returned to stock. Assets that were maintained in central storage (not issued to individuals) and the storage conditions/temperatures are unknown or were outside the controlled room temperature of 59-86 degrees Fahrenheit must be reported to the USAMMA, MCMR-MMS-M, DSN 343-4306/ Commercial 301-619-4306 for disposition instructions. Units must advise how assets were stored so the appropriate decision can be made on serviceability of assets.

f. The command may choose to issue the Mark I Kits and Guides to the Individual Service Members. However, the CANA and antibiotics will remain under unit control until

the CINC Commander/Surgeon authorizes release/distribution. Pyridostigmine Bromide Tablets (PBT) and Potassium Iodide will only be released with authorization from or by the OTSG.

g. Medical Logistics Storage Activity will provide the USAMMA a copy of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for assets released within 24 hours of the next business day. Additionally, the storage locations will provide an updated inventory to the USAMMA with the release document.

## 6-3. ACCOUNTABILITY FOR ISP

a. An audit trail is required for all assets.

b. The Medical Logistics Storage Activity will retain accountability in their logistics system (i.e., TAMMIS/DMLSS) using project code "DH3".

c. At a minimum, monthly reports of all centrally managed assets are provided by the 5th of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory (i.e., receipt of assets/issue of assets/change in condition code). Reports are to be sent via telefax (DSN 343-4404 or Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M, or call DSN 343-4421 or 4306; Commercial 301-619-4421 or 4306.

d. Installation plans will document the issue/turn-in procedures. Assets that were issued to individuals will be segregated from assets that were not issued to individuals. A roster will be provided for all assets issued to individuals reflecting the name, quantity issued and date/time when issued and returned, if applicable.

e. The Medical Logistics Storage Activity will provide the USAMMA the following for all releases: document number, quantity, lot number and expiration date. The USAMMA will provide data to OTSG who will advise if replacement is authorized from the centrally managed program or if the Installation must replenish assets.

f. Chain of custody will be maintained for all releases/movement of assets.

## 6-4. ACCOUNTABILITY FOR POTENCY & DATED (P&D) MNBCDM IN MES CHEMICAL AGENT PATIENT TREATMENT

a. An audit trail is required for all assets.

b. The Medical Logistics Storage Activity will retain accountability in TAMMIS/DMLSS using project code "DH5" for all MES M23673 centrally managed assets.

c. At a minimum monthly reports of all centrally managed assets will provided by the 5th of each month. Please note that updated inventory reports are required to be submitted within 24 hours of any change of inventory (i.e. receipt of assets/issue of assets/change in condition code). Reports are to be sent via telefax (DSN 343-4404/ Commercial 301-619-4404) to the USAMMA, ATTN: MCMR-MMS-M.

d. A chain of custody will be maintained from the Medical Logistics Storage Activity to the Unit. This chain will be reversed when the unit redeploys or the mission ends.

(1) Any loss of accountability for Convulsant Antidote Nerve Agent (CANA) will require an investigation.

(2) A written document signed by the unit commander is required for any difference in quantity between what was issued and what was turned-in.

(3) Units have 15 days upon redeployment or termination of the mission to turn-in assets in to their Medical Logistics Storage Activity.

(4) Units must advise how assets were stored so the appropriate decision can be made on serviceability of assets. Assets and storage conditions will be reported to the USAMMA, MCMR-MMS-M, DSN 343-4306 or Commercial 301-619-4306.

e. Medical Logistics Storage Activity will provide the USAMMA a copy of all release documents annotated with the document number, unit designation, quantity, lot numbers and expiration dates for assets released within 24 hours of the next business day. Additionally, the storage locations will provide an updated inventory to the USAMMA with the release document.

## 6-5. RELEASE PROCEDURES FOR DFP

a. All releases of the centrally funded MNBCDM to Individual Service Members/units deploying to high threat areas must be validated and approved by The Directorate of Health Care Operations, Office of the Surgeon General, (DSN 761-8052/ 8186, Commercial 703-681-8052/8186, toll free 1-866-677-2128, or email **eoc.opns@otsg.amedd.army.mil**).

b. The Directorate of Health Care Operations (HCO) will only authorize released MNBCDM to either units, a deployment order, Temporary Change of Station Order (TCS), World Wide Individual Augmentation System (WWIAS) task number, or a message or letter giving the Unit a deployment mission requiring MNBCDM.

c. Units will request release of MNBCDM through their Supply Support Activity (SSA). The SSA will forward the Unit's request by email to **EOC.OPN@otsg.amedd.army.mil** and include the following information:

(1) Subject of the email must include "MNBCDM" along with abbreviated Unit name and number of personnel (PAX), e.g., "Request MNBCDM Release for XXX Ordnance BN, XX PAX."

(2) Body of the email must contain ALL of the following items listed in a through j:

(a) Unit Name and UIC
(b) Installation
(c) Number of PAX
(d) Number of PAX on flight status
(e) Date Materiel is required for personnel to deploy
(f) Number of working dogs

(g) Unit Order Number, TCS, or WSAIS number
(h) Name and title of the Point of Contact
(i) DSN Phone Number
(j) Email address

d. The Directorate of Health Care Operations will respond to the SSA request by email to approve, disapprove, or request additional information.

e. SSA will issue MNBCDM items listed in Table 6-1 upon receipt of approval notification from Directorate of Health Care Operations.

f. Potassium Iodide (NSN 6505-01-496-4961) is part of the DFP program, but distribution is limited to select locations. Directorate of Health Care Operations will authorize release of this materiel in support of select missions. Basis of Issue will be one (1) strip package (14 tabs) per individual.

## 6-6. RELEASE PROCEDURES FOR QRF/ISP

MARK1s and CANA may be pre-positioned with first responders, i.e., Fire, Ambulance, Security and Emergency Room. The decision to issue materiel from the ISP rests with each installation Commander based on consultation with the Director of Health Services. The target population receiving antibiotics will be at the discretion of the installation Commander based on the scope of a Chemical, Biological, Radiological, Nuclear or High Explosive (CBRNE) incident occurring at or near an installation.

## 6-7. RELEASE PROCEDURES FOR THE MES, CHEMICAL AGENT PATIENT TREATMENT PUSH PACKAGES

The potency and dated (P&Ds) and any other items centrally procured for the MES, Chemical Agent Patient Treatment, LIN M23673, can be released to deploying units after the IMSA has validated the authorization requirement and the unit has received deployments orders.

## 6-8. REQUESTING MNBCDM PROGRAM EXCLUSIONS

a. Units must submit funded offline, (i.e., by fax/mail), requisitions thru normal supply channels to the USAMMA providing the Unit Identification Code (UIC) and the reason for the order. Detailed data is required, for example, if an item is a component of an MES then the Line Item Number (LIN) of the set and the number of MES on-hand must be provided so that the requisition can be validated and forwarded to the DSCP for processing.

b. Request for AAC A or R items that cannot be validated by USAMMA based on authorized MESs must be sent to Secretary, Health Care Operations, OTSG, for approval. Units must submit a written request through command channels providing the below data. OTSG will advise if requirement falls within the centrally managed program or if it will be unit/command funded. Requests will be valid for a period of 5 years. Requisitions must be

faxed to the USAMMA at DSN 343-4404 or commercial 301-619-4404 and be identified as being approved under an exception letter. Required information:

(1) Who gave the Unit the mission that required it to have on-hand MNBCDM. Attach a copy of the mission, if possible.

(2) Quantity, description, and NSN of the MNBCDM being requested.

(3) Certification that there is appropriate storage and security for the materiel at the location.

(4) Name of Medical Logistics Storage Activity to where materiel will be sent.

TABLE 6-1. DFP COMPONENTS

| NSN | ITEM | BASIS OF ISSUE |
|---|---|---|
| 6505-01-174-9919<br><br>Or<br>6505-01-362-7427 | Antidote Treatment Kit Nerve Agent (Mark I Kits or Nerve Agent Antidote Kit – NAAK) Item consists of (1) Atropine and (1) 2-Pam Chloride Autoinjector is being replaced by:<br>Antidote Treatment - Nerve Agent Antidote (ATNAA), also referred to as the multi-chambered autoinjector. This item will replace the MARK 1 kits on a one-for-one basis. )[2] See Footnote for the ATNAA Interim Doctrine | 3 per individual |
| 6505-01-274-0951 | Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent - CANA) | 1 per individual |
| 6505-01-178-7903 | Pyridostigmine Bromide Tablets 30 mg 210 tablets/package (PBT or Nerve Agent Pretreatment Pill - NAPP)/PB. | 42 tabs per individual |
| Antibiotics:<br>6505-01-491-5506<br>Or<br>6505-01-491-2834 | Doxycycline 100 mg tablets, 30's<br><br>Ciprofloxacin 500 mg tablets, 30's<br><br>NOTE: Doxycycline will be issued unless there is a specific requirement for Ciprofloxacin | 15 days of supply = 30 tabs of either antibiotic which may be issued in 5-day increments |
| 7610-01-492-7703 | Soldier's (Individual's) Guide to MBCDM | 1 per individual |
| 6505-01-483-7162 | Skin Exposure Reduction Paste Against Chemical Warfare Agents (SERPACWA)[2]<br>See Footnote for the SERPACWA Interim Doctrine. | 6 per individual |

[2]The interim doctrine for the application and use of the **SERPACWA** and the **ATNAA** is provided at the following websites:

**http://dcdd.amedd.army.mil** (Directorate of Combat and Doctrine, United States Army Medical Center and School, Fort Sam Houston, Texas); an alternate **web site is https://acfi.amedd.army.mil/dcdd**.
Double click on the eagle to enter the website. On the blue index on the left side of the screen, select "Drafts" and double click; scroll down the page to **Interim Doctrine**, then select the desired document.

An Army Knowledge Online (AKO) account is required to access these websites. If you have difficulty accessing the website, send an E-mail to Medicaldoctrine@amedd.army.mil or call commercial 210-221-9866 or DSN 471-9866.

TABLE 6-2. ISP ITEMS

| NSN | ITEM | BASIS OF ISSUE |
|---|---|---|
| 6505-01-174-9919<br><br>Or<br><br>6505-01-362-7427 | Antidote Treatment Kit Nerve Agent (Mark I Kits or Nerve Agent Antidote Kit – NAAK) Item consists of (1) Atropine and (1) 2-Pam Chloride Autoinjector<br><br>[1]Antidote Treatment - Nerve Agent Antidote (ATNAA), also referred to as the multi-chambered autoinjector. This item will replace the MARK 1 kits on a one-for-one basis.<br>See Footnote 2 for the ATNAA Interim Doctrine | 3 per individual |
| 6505-01-274-0951 | Diazepam Injection 5 mg/ml 2ml Syringe Needle Unit (Convulsant Antidote Nerve Agent CANA) | 1 per individual |
| Antibiotics:<br>6505-01-491-6143<br>and/or<br>6505-01-491-5506 | Ciprofloxacin 500 mg tablets, 10's<br><br>Doxycycline 100 mg tablets, 30's<br><br>NOTE: Cipro was initially provided to select locations for the "Quick Reactionary Force" (QRF) mission. Doxy was provided for the Installation Support Packages (ISP) mission. NOTE: All of this materiel now belongs to the ISP mission. | 5 DOS<br><br>15 DOS |
| 6505-01-153-4335 | Doxycycline 100 mg tablets 500's<br>NOTE: 15 DOS is available at the Regional Medical Centers | Regional Reserve |
| 7610-01-492-7703 | Soldier's (Individual's) Guide to MBCDM | 1 per individual |

## 6-9. ADDITIONAL INFORMATION

Chapter 9, *AR 40-61*, provides policy for the centrally managed MNBCDM. Additionally, the OTSG provides updated policy via the USAMMA MMI message system. These messages are on the USAMMA web page (**http://www.USAMMA.army.mil**).

a. Additional information relative to policy/guidance can be directed to:

Office of the Surgeon General
ATTN: DASG-HCF
5109 Leesburg Pike
Falls Church VA 22041-3258
Telephone DSN - 761-8185/8188/4201
Commercial - 703-681-8185/8188/4201

Or for the
OTSG POC at the USAMMA, call: DSN 343-7353 / Commercial 301-619-7353.

b. Additional information relative to assets management can be directed to:

USAMMA
ATTN: MCMR-MMS-M
1423 Sultan, Suite 100
Fort Detrick MD 21702-5001
Telephone DSN 343-4421 or 4428 / Commercial 301-619-4421 or 4428

# CHAPTER 7. RESERVE COMPONENT HOSPITAL DECREMENT (RCHD)

## 7-1. BACKGROUND

In April 1993, the USAMMA was tasked with the mission of managing the RCHD program. General responsibilities include the modernization, sustainment, COSIS, preparation of Decrement Feeder Data Reports, and the coordination of materiel movement. Currently, there are 32 hospitals in the RCHD that are stored at Sierra Army Depot.

## 7-2. PROGRAM COMPOSITION

The RCHD stocks consist of Deployable Medical Systems (DEPMEDS) Medical Materiel Sets (MMS), and medical and non-medical Associated Support Items of Equipment (ASIOE). The RCHD program does not include other support equipment such as trucks and communications equipment. RCHD stocks are used to bring the Army reserve units from their peacetime authorized levels to their full required level for MMSs and medical and non-medical ASIOE. These RCHD stocks serve as a decrement to a unit's MEET sets. RCHD is the difference between the required and authorized materiel on the MTO&E for MMSs and ASIOE.

## 7-3. GENERAL INFORMATION

a. Each September, the USAMMA provides a RCHD Feeder Data Report to the U.S. Army Reserve Command and to the RC unit. However, if data has changed significantly, an updated RCHD Feeder Data Report is provided reflecting the most up-to-date information for that quarter. The report is displayed to the LIN level of detail. In accordance with procedures outlined in Army Regulation (AR) 220-1, *Unit Status Reporting*, units will calculate the equipment on-hand portion of the USR using the on-hand assets in their Minimum Essential Equipment for Training (MEET) set and the equipment reflected on the RCHD Feeder Data Report.

b. OTSG will direct release of RCHD materiel in coordination with the United States Forces Command (FORSCOM) and Army Reserve to meet contingency, emergency, and peacetime requirements. The FORSCOM develops deployment plans for RCHD units and provides guidance to the U.S. Army Reserve Command. Upon receipt of deployment notification, the deploying unit will notify the USAMMA EOC to request RCHD materiel. The USAMMA validates the deployment of the unit with the Time Phased Force Deployment Data (TPFDD). If deployment has been validated, then the USAMMA will coordinate with the applicable storage facility and the receiving unit for the shipment of materiel. An RCHD shortage list will be provided to the unit prior to movement. The unit is responsible to prepare shipment of their MEET sets (HUB/HUS/HUM) and obtain the To Accompany Troops (TAT) requirements. According to FM 100-17-3, *The Reception, Staging, Onward Movement, and Integration (RSO&I)*, Logistics Support Element (LSE) was formed to facilitate the RSO&I of assets. The LSE Medical Logistics Support Team (MLST) will be responsible for the issue of the RCHD materiel to the unit at the Air or Sea Ports of Debarkation.

c. Above are the general call forward procedures for the RCHD decrement. The actual deployment and issue of RCHD will be Mission, Enemy, Troops, Terrain and Time (METT-T) driven.

## 7-4. ADDITIONAL INFORMATION

a. For USR information contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMS-M
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone DSN 343-4421/301-619-4421

b. For additional information on operational and logistical issues relative to pre-deployment, deployment, and redeployment contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMS-P
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone DSN 343-4408/301-619-4408

c. For additional information on RCHD assets contact:

U.S. Army Medical Materiel Agency
ATTN: MCMR-MMS-M
1423 Sultan Dr., Suite 100
Fort Detrick MD 21702-5001
Telephone DSN 343-4421/301-619-4421

# CHAPTER 8. EMERGENCY OPERATIONS CENTER (EOC) AND THE LOGISTICS SUPPORT ELEMENT (LSE), MEDICAL LOGISTICS SUPPORT TEAM (MLST)

## 8-1. EMERGENCY OPERATIONS CENTER (EOC)

a. The Chief, Operations & Plans Division, SCMD, is responsible for the establishment and operation of the EOC. The EOC operation serves as a single focal point for customers. Its resources include STU-III phones, fax, and GCCS/SIPRNET access. The EOC integrates and analyzes multi- integrates and analyzes multi-directorate information to facilitate a timely decision process. The EOC identifies tasks and distributes them to appropriate directorates.

b. The EOC directorate information to facilitate a timely decision process. This allows the functional experts to remain in their normal work areas where they maintain their libraries of information and automation capabilities. The EOC functions as the gatekeeper that prioritizes requirements for any given Theater of operation and is capable of monitoring several wargame scenarios simultaneously. The EOC will track and monitor the movement and requests for low-density stocks. This Center will ensure that the right materiel is in the right place at the right time.

c. Though all EOC members may not move from their current assigned office, the physical location of the Center will be in the Operations and Plans Division, SCMD.

d. For additional information on EOC activation and operations contact

USAMMA
ATTN: MCMR-MMS-P
1423 SULTAN DR., SUITE 100
FORT DETRICK MD 21702-5001
Telephone: DSN 343-4408 or 301-619-4408 (secure capability)
Secure e-mail address:
**ladethrs@force1.army.smil.mil or ladetsam@force1.smil.mil**

## 8-2. LOGISTICS SUPPORT ELEMENT (LSE), MEDICAL LOGISTICS SUPPORT TEAM (MLST)

a. Mission: On order, the LSE MLST deploys to the Theater of Operation. Its mission is to hand-off APS (Brigade/Unit Sets) and OSTG Contingency Stocks medical materiel and equipment (includes RCHD and some Unit Deployment Packages [UDPs]), provide SC VIII logistics support and conduct follow-on missions as directed.

b. Team Composition: The team is comprised of Active Army Officers, DA Civilians, and U.S. Government contractors. The team has the capability to inventory medical materiel, prepare hand receipts, perform maintenance checks on medical equipment, and hand-off medical materiel. The team organizes into two APS hand off teams upon deployment, to facilitate split operations capability. The MLST is the SC VIII issue proponent of the AMC LSE.

c. Employment: The MLST is the USAMMA's conduit to issue APS (Brigade/Unit Sets) and OSTG Contingency Stocks (RCHD), and inventory from vendors to deploying units. The team may hand-off materiel that is prepositioned in Theater or Afloat. The team deploys with or without the LSE into any area of operation and executes the USAMMA logistics missions. This team is self-sustainable; it has the equipment, life support and force protection capabilities to sustain itself.

d. Command and Control (C2): The LSE MLST consists of Soldiers, Civilians and Contractors who work for the USAMMA in some capacity on a daily basis. These personnel bring different expertise to the team. When the team is activated, the personnel are brought together to form the team. SCMD dictates the mission requirements of the team and sets its priorities. This team deploys with deployment orders on a TPFDD. The LSE MLST always remains under the control of the Commander, USAMMA.

e. For additional information on this topic, contact:

USAMMA
ATTN: MCMR-MMS-P
1423 SULTAN DR., SUITE 100
FORT DETRICK, MD 21702-5001
Telephone: DSN 343-4356 or 301-619-4356

# CHAPTER 9. ARMY PREPOSITIONED STOCK (APS) AUTOMATED SYSTEMS

## 9-1. BACKGROUND

As SC VIII APS Program Manager, the USAMMA maintains all total item property records on in-house systems. To accomplish the day-to-day management of SC VIII APS materiel, the USAMMA uses units with on-the-ground assets as accountable activities to maintain and manage prepositioned assets. The accountable property records are currently being maintained on the Theater Army Medical Materiel Information System (TAMMIS) Medical Supply (MEDSUP) module or the site's Standard Army Materiel Information System (STAMIS) such as Standard Property Book System-Redesign (SPBSR). Component level asset management is maintained on the TAMMIS Medical Assemblage (MEDASM) module or the Defense Medical Logistics Standard Support (DMLSS) System Assemblage Management (AM).

## 9-2. ARMY WAR RESERVE DEPLOYMENT SYSTEM (AWRDS)

a. The storage sites also report APS Brigade/Unit Sets to the AWRDS. AWRDS feeds data to the ABS, which is maintained by AMC (Field Support Command).

b. Data for SC VIII materiel stored at USAMMCE for the APS-2 Europe Brigade/Unit Sets is sent from USAMMCE to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to the Combat Equipment Group, Europe (CEGE) for loading into AWRDS. CEGE sends information by FTP to LOGSA.

c. Data for SC VIII materiel stored at APS-3 Afloat (all stocks) component level of detail for each container and end items is provided by The USAMMA to the AMC Combat Equipment Group-Afloat (CEG-A), for inclusion in AWRDS during a ship cycle. Data is also sent to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to the AMC Combat Equipment CEG-A for loading into AWRDS. AMC CEG-A FTP's information to LOGSA.

d. Data for SC VIII materiel stored at APS-4 Korea Brigade/Unit Set and APS-4 Japan Unit Sets end items is sent to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to CEB-NEA & 35$^{th}$ S&S for loading into AWRDS. CEB-NEA FTP's information to LOGSA.

e. APS-5 Bahrain non-DEPMEDS SKOs for the unit set are sent from USAMMCE and Unit Set end items are updated by the USAMMA for the SC VIII AWRDS Feeder Data and then forwarded to Combat Equipment Base-Qatar (CEB-Q), for inclusion in AWRDS. CEB-Q then sends information to LOGSA via FTP.

f. APS-5 Kuwait Brigade end items are reported to ATAV from the Standard Property Book System-Redesign (SPBSR - CEB-KU) by email to LOGSA. The Unit set end item is sent from the USAMMA to CEB-KU for inclusion in AWRDS.

g. APS-5 Qatar Brigade end items are reported from USAMMCE to the USAMMA to update the SC VIII AWRDS Feeder Data which is then forwarded to CEB-Q, for inclusion in AWRDS. CEB-Q then sends information to LOGSA via the File Transfer Process (FTP).

## 9-3. APS STORAGE SITES

As of June 2003, APS storage sites are using the following information management systems:

a. APS-1:
Health and Human Services - TAMMIS and DMLSS
Sierra Army Depot – TAMMIS and DMLSS
Anniston Army Depot – Standard Depot System (SDS)

b. APS-2/5: USAMMCE for APS-2/APS-5 – TAMMIS

c. APS-3: AMC Combat Equipment Group Afloat, Charleston, SC - TAMMIS & DMLSS

d. APS-4:
16th MEDLOG BN – TAMMIS & DMLSS
Sagami General Depot – TAMMIS & DMLSS
Camp Kinser, Okinawa – SDS –TAMMIS & DMLSS (35th S&S)

e. APS-5:
Combat Equipment Base-Kuwait (CEB-KU) – SPBSR and TAMMIS
Combat Equipment Base-Qatar (CEB-Q) - TAMMIS (Qatar & USAMMCE)
ASU - SWA, Bahrain - TAMMIS & DMLSS

## 9-4. ASSET VISIBILITY

a. IAW AR 710-1, the USAMMA is required to report APS asset visibility for the Joint Medical Asset Repository (JMAR) and Joint Total Asset Visibility (JTAV). The APS assets are currently reported to Total Asset Visibility (TAV) by SCMD through FTP to the Logistics Support Activity (LOGSA) by record type with a Document Identifier Code (DIC) of 'BF7'. This reporting is only at the end item level of detail and NOT the component level of detail for the sets, kits and outfits (SKOs).

b. By 4th QTR FY01 the BF7 FTP data was replaced with data from the Army War Reserve Deployment System (AWRDS) for Brigade/Unit Sets. The Information Management Information Technology Division, USAMMA, reports APS line item and component level of detail for SKOs to JMAR. The APS SKO component level of detail is being pulled from either TAMMIS MEDASM or DMLSS AM from the forward APS sites.

c. Information is also extracted from a USAMMA unique system for some of the APS hospitals component level of detail.

## 9-5. DEFENSE MEDICAL LOGISTICS STANDARD SUPPORT (DMLSS) SYSTEM

Currently, DMLSS AM is the only module of DMLSS being fielded to APS. This module is utilized to manage SKOs or UAs to the component-level of detail. The

critical data elements used in the management of APS is UAs, NSNs, allowances, on-hand quantities, and quality assurance data such as manufacture/expiration date, lot number, etc. This module has been fielded at the majority of the APS sites to replace TAMMIS MEDASM.

## 9-6. TAMMIS

TAMMIS has 3 modules for asset management. The system includes the following modules:

a. Medical Assemblage (MEDASM) – this module was utilized to manage SKOs or UAs to the component-level of detail. The critical data elements used in the management of APS are UA, NSNs, allowances, on-hand quantities and quality assurance data such as manufacture/expiration date/lot number, etc. This module has been replaced at the majority of the APS sites by DMLSS-AM.

b. Medical Maintenance (MEDMAINT) – this module is utilized to track the maintenance history on equipment items such as non-medical and medical ASIOE, TMDE.

c. Medical Supply (MEDSUP) – this module is utilized to maintain accountability of line item and end item stocks and to requisition materiel.

## 9-7. ADDITIONAL INFORMATION

For additional information on this subject, contact:

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1423 SULTAN DR., SUITE 100
FORT DETRICK, MD 21702-5001
Telephone: DSN 343-4428 or 301-619-4428
Website: **www.usamma.army.mil**

## CHAPTER 10. DOD/FDA SHELF LIFE EXTENSION PROGRAM (SLEP)

**10-1.** The DOD/FDA SLEP was instituted in 1986 as a program to coordinate the efforts of the Army, Air Force, and Defense Supply Center Philadelphia (DSCP) to extend the useful life of date sensitive medical materiel through accelerated aging and potency testing by the FDA. The goals of the program are to defer the replacement of Army Prepositioned Stocks, Chemical Defense Materiel, Military Unique/Significant materiel, components of Unit Assemblages and other medical materiel, and to reduce replacement costs.

**10-2.** Presently, the Army, Air Force, Marines and Navy contribute funds for the SLEP on a prorated basis. Participants nominate National Stock Numbers (NSNs) and submit them to the Joint Readiness Clinical Advisory Board (JRCAB), Fort Detrick, Maryland. Criteria for a candidate include:

Item is a pharmaceutical drug in the FSC 6505;
Item must be easily transportable;
Item must have a dollar value, and
The quantity must be sufficient enough to be selected for testing.

**10-3.** The USAMMA Strategic Capability Materiel Directorate, Materiel Management Division, monitors the SLEP program and periodically removes items that are expired and have not been selected for testing. Coordination is made with the activity that submitted the item for testing and instruction is given to destroy the materiel.

**10-4**. The Joint Readiness Clinical Advisory Board (JRCAB) selects 45-60 items of which the FDA typically selects 40-45 items for testing. The criteria for testing are:

The item cannot be a biological;
The FDA must have protocol established; and
The FDA will not test if the manufacturer has shown previous instability.

**10-5.** The FDA then forwards a request for samples to the field activities via the JRCAB and the other DoD Services. The USAMMA's Materiel Management Division requests samples from the activities/units. When samples have been received at the FDA, an initial potency test is performed, followed by a 90-day stress test, and then a final potency test. The potency results are compared against a degradation curve, and a new potency period is assigned. The FDA sends the information to the JRCAB and participants. The USAMMA's Materiel Management Division disseminates instructions to extend or destroy the materiel to activities and units worldwide.

**10-6.** The same lots are subjected to yearly retests and subsequent extensions. Participants advise the JRCAB to remove the item/NSN from the project (usually due to a lack of sufficient quantities required for additional testing).

**10-7.** On-line access is now available to the Tri-Services highlighting the DOD/FDA Shelf Life Extension Program. The site features SLEP messages, interactive query, nomination, and quantity reporting capability regarding SLEP materiel. Access the USAMMA's home page at **http://www.usamma.army.mil/**, and then select **DOD/FDA SLEP** on the sidebar.

**10-8.** The USAMMA POC is:
MCMR-MMS-M, 301-619-4306, DSN 343.

## APPENDIX A. SUPPLY CLASS VIII SUSTAINMENT REQUIREMENTS PROCESS

A-1. This Appendix provides the algorithm used to develop SC VIII Sustainment Stock requirements.

A-2. Process

a. The USAMMA uses two models to develop SC VIII sustainment requirements for war reserve and Logistics Plans (LOGPLAN).

(1) The first is classified personal computer-based system known as REBUT. It is a front-end system that computes the quantity of SKOs needed to support the warfight over a given period of time. REBUT passes this information to the second unclassified model known as MRCAP.

(2) The second unclassified model is called Medical Requirements and Capabilities Assessment Program (MRCAP). MRCAP develops the NSN level requirements from the number of sets and the components of the set.

b. The basic requirements formula is:

(# of sets required) X (SKO Turnover) X (intensity Rate) X (Component Allowance) X (Consumption Percent) = Requirement

c. The REBUT Model

(1) Assumptions:

- The Required Delivery Date (RDD) is the valid day consumption begins.
- The MTOE is accurate.
- The unit deploys with its basic load of medical supplies.
- The SKOs authorized to a unit represents the types of supplies the unit will need to perform its military mission.
- Each SKO is designed to last a particular number of days. Usually this number is found in the supply catalog for that SKO.
- Intensity rate is the way to influence requirements based upon a ratio of actual vs. set design

(2) Model input: A time-phased force list containing at least the UIC and RDD

(3) Model process:
The REBUT model performs 3 functions.

(a) The REBUT builds part of the requirement record by taking the time-phased force list (UIC, personnel strength, and RDD), and matches the UIC on the force list to the UIC in the authorization file. (The authorization file is an extract of the Logistics Integrated Database [LIDB].) REBUT then builds a separate record for each line item number (LIN) authorized to that UIC. The LIN, required quantity, authorized quantity and on hand quantity are written to each record.

(b) The REBUT computes a resupply start date (RSD) for each set as the RDD plus the number of days of supply contained in the SKO.

(c) The REBUT computes the number of times each set turns over for a given period. For war reserves, SCMD computes in 30-day periods. For LOGPLANs, SCMD computes in 10-day periods.

Example:

Unit has an RDD of 10 and the computation is for an Aidsman Bag (LIN U65480) that has five (5) days of supply.

| RDD + DOS in set = Resupply Start Date (RSD) |
|---|
| 10+5=15 |

This example computes for the first 30-day period.

| $\frac{\text{Last Day in period - RSD}}{\text{Days in set}}$ | = | Number of SKO turns |
|---|---|---|
| $\frac{30 - 15}{5} = \frac{15}{5} =$ | | 3 |

The final step is to multiply the number of SKO turns times the intensity rate for that period. Each 30-day period can have a different rate. For example, if the intensity rate is 71%, the final calculation would be:

| (# of SKO turns) | X | (Intensity Rate) | = | Adjusted SKOs |
|---|---|---|---|---|
| 3 | X | .71 | = | 2.13 |

This means that we need to replace the consumable items within the set 2.13 times in this 30-day period. Remember, we only require 15 days of supply since the unit arrives on day 10 and has 5 days of basic load with it.

If more than one of the set is authorized, i.e., if the MTOE calls for 10 of these sets, then each of the 10 sets would turn over 2.13 times for a total of 21.3 sets worth of consumable items.

| Authorized Qty | X | Adjusted SKO Turnover | = | # Sets |
|---|---|---|---|---|
| 10 | X | 2.13 | = | 21.3 |

(d) Model output: The adjusted quantity of each SKO by period is the number of times the components in the set will have to be replaced or turned over.

d. The MRCAP model

(1) Assumptions: Consumption percentage reflects the consusmability of components within a SKO.

(2) Model input: Adjusted SKO turnover quantity by period from REBUT.

(3) Model Process: The quantity of each NSN required is a result of multiplying the adjusted SKO turnover times the allowance of each component times the consumption percent for that NSN.

| Set Turnover | Component NSN | Nomen | Component Allowance | X | Consumption Percent | = | NSN Rqmt |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| 2.13 | 6505 01 153 3015 | Tetracane | 1 | X | 100 | = | 2 |
| | 6505 01 177 1982 | Clindamycine | 40 | X | 100 | = | 85 |
| | 6505 00 344 7800 | Handle Surg | 1 | X | 10 | = | 0 |
| | | | | | | | (2 rounds down) |

(4) Model output: The quantity of each NSN required.

A-3. In addition, the USAMMA computes war reserve requirements for individual NSNs that are not part of SKOs. It is done outside of these models. These separate requirements are based upon items that the MACOM or OTSG nominates and the formula provided by the requesting activity. Generally these items are computed based on population-at-risk times the treatment protocol for that item.

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| Acronym | Definition |
|---|---|
| AAC | Aerial Ambulance Company; Acquisition Advice Code |
| ABS | Automated Battlebook System |
| AC | Active Component |
| AMC | Army Materiel Command |
| AMEDD | Army Medical Department |
| APA | Army Prepositioned Afloat |
| APS | Army Prepositioned Stocks |
| ARCENT | Army Central Command |
| ASIOE | Associated Support Items of Equipment |
| ASMB | Area Support Medical Battalion |
| ASMP | Army Strategic Mobility Program |
| ATAV | Army Total Asset Visibility |
| ATNAA | Antidote Treatment - Nerve Agent Antidote |
| AWR | Army War Reserves |
| AWRDS | Army War Reserves Deployment Distribution System |
| AWRS | Army War Reserves Sustainment |
| BN | Battalion |
| C2 | Command and Control |
| CAIRA | Chemical Accident/Incident Response Assistance |
| CANA | Convulsant Antidote Nerve Agent |
| CBRNE | Chemical, Biological, Radiological, Nuclear or High Explosive |
| CEB-KU | Combat Equipment Base - Kuwait |
| CEB-Q | Combat Equipment Base - Qatar |
| CEC | Corporate Exigency Contract |
| CEG-A | Combat Equipment Group-Afloat |
| CEG-E | Combat Equipment Group-Europe |
| CFM | Contractor Furnished Materiel |
| CIM | Contractor Inventory Materiel |
| CINC | Commander-In-Chief |
| CONUS | Continental United States |
| COSIS | Care of Supplies in Storage |
| CSA | Chief of Staff of the Army |
| CSH | Combat Support Hospital |
| DA | Department of the Army |
| DCSLOG | Deputy Chief of Staff for Logistics |
| DCSOPS | Deputy Chief of Staff for Operations |
| DDHU | Defense Depot Hill Utah |
| DEPMEDS | Deployable Medical Systems |
| DFP | Deployable Force Package |
| DIC | Document Identifier Code |
| DMLSS | Defense Medical Logistics Standard Support System |
| DOD | Department of Defense |
| DOS | Days of Supply |
| DSCP | Defense Supply Center Philadelphia |

(continued) 2003 GLOSSARY

| Acronym | Definition |
|---|---|
| EAD | Echelon Above Division |
| ECAT/LIDS | Electronic Cataloging/Laboratory Integrated Delivery System |
| EOC | Emergency Operations Center |
| FDA | Food and Drug Administration |
| FORSCOM | Forces Command |
| FP1 and 2 | Force Packages 1 and 2 |
| FSC | Federal Supply Class |
| FST | Forward Surgical Team |
| FTP | File Transfer Protocol |
| FY | Fiscal Year |
| GPM | Government Purchased Materiel |
| HQDA | Headquarters, Department of the Army |
| IAW | In Accordance With |
| IBMC | Industrial Base Maintenance Contract |
| IND | Investigational New Drug |
| IRP | Initial Resupply Package |
| ISM | Individual Service Member |
| ISP | Installation Support Packages |
| ISSA | Interservice Support Agreement |
| JCS | Joint Chiefs of Staff |
| JMAR | Joint Medical Asset Repository |
| JSLIST | Joint Service Lightweight Suite Technology |
| JTAV | Joint Total Asset Visibility |
| LIDB | Logistics Integrated Database |
| LIN | Line Item Number |
| LOGPLAN | Logistics Plans |
| LOGSA | Logistics Support Activity |
| LSE | Logistics Support Element |
| LSE MLST | LSE Medical Logistics Support Team |
| MACOM | Major Army Command |
| MNBCDM | Medical, Nuclear, Biological, and Chemical Defense Materiel |
| MEDMAINT | Medical Maintenance Module (TAMMIS) |
| MEDASM | Medical Assemblage |
| MEDSUP | Medical Supply Module (TAMMIS) |
| MEET | Minimum Essential Equipment for Training |
| MES | Medical Equipment Sets |
| METT-T | Mission, Enemy, Troops, Terrain, and Time |
| MF2K | Medical Force 2000 |
| MILSTRIP | Military Standard Requisitioning and Issue Procedures |

(continued) 2003 GLOSSARY

| Acronym | Definition |
|---|---|
| MLST | Medical Logistics Support Team |
| MMS | Medical Materiel Sets |
| MNBCDM | Medical Nuclear Biological Chemical Defense Materiel |
| MOA | Memorandum of Agreement |
| MRCAP | Medical Requirements Capability Assessment Program |
| MRS | Mobility Requirements Study |
| MRSL | Medical Recommended Stockage List |
| MTO&E | Modified Table of Organization and Equipment |
| OCONUS | Outside Continental United States |
| OP | Operational Projects |
| OTSG | Office of The Surgeon General |
| OTSG-CS | Office of The Surgeon General-Contingency Stocks |
| P&D | Potency and Dated Materiel |
| PAR | Population at Risk |
| PBT | Pyridogstigmine Bromide Tablets |
| PIC | Photo Imaging Contract |
| PREPO | Prepositioned |
| PV | Prime Vendor |
| RC | Reserve Component |
| RCHD | Reserve Component Hospital Decrement |
| REBUT | Resupply By Unit Type |
| RF | Radio Frequency |
| RSD | Resupply Start Date |
| RSO&I | Reception, Staging, Onward Movement, and Integration |
| SB | Supply Bulletin |
| SC | Supply Catalog, Supply Class |
| SCMD | Strategic Capabilities and Materiel Directorate |
| SDS | Standard Depot System |
| SERPACWA | Skin Exposure Reduction Paste Against Chemical Warfare Agents |
| SLC | Shelf Life Code |
| SLEP | Shelf Life Extension Program |
| SOW | Statement of Work |
| SPBSR | Standard Property Book System-Revised |
| SSA | Supply Support Activity |
| STAMIS | Standard Army Materiel Information System |
| TAMMIS | Theater Army Medical Materiel Information System |
| TAT | To Accompany Troops |
| TAV | Total Asset Visibility |
| TCS | Temporary Change of Station |
| TMDE | Test, Measurement, and Diagnostic Equipment |
| TO&E | Table of Organization and Equipment |
| TPFDD | Time-Phased Force Deployment Data |
| TSG | The Surgeon General |

(continued) 2003 GLOSSARY

| Acronym | Definition |
|---|---|
| UA | Unit Assemblage |
| UAL | Unit Assemblage Listing |
| UBL | Unit Basic Load |
| UDP | Unit Deployment Package |
| UIC | Unit Identification Code |
| ULN | Unit Line Number |
| USAMEDCOM | U.S. Army Medical Command |
| USAMMA | U.S. Army Medical Materiel Agency |
| USAMMCE | U.S. Army Medical Materiel Center-Europe |
| USR | Unit Status Report |
| VMI | Vendor Managed Inventory |
| WR | War Reserves |
| WRAMC | Walter Reed Army Medical Center |
| WWIAS | World Wide Individual Augmentation System |

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